

**WISCONSIN MEDICAID "PHARMACY"  
STAT-PA DRUG WORKSHEET FOR SSRI DRUGS**

The "pharmacy" side of this optional worksheet records information necessary to complete the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) process. The "prescriber/pharmacy" side records clinical documentation.

<b>Name</b> — Recipient	
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The STAT-PA system will ask for the following items in the order listed below:

**GENERAL INFORMATION**

Wisconsin Medicaid Provider Number	
Recipient Medicaid Identification Number	
National Drug Code	
Prescriber's Drug Enforcement Administration Number	
Diagnosis Code Use the most appropriate <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) diagnosis code. The decimal is not necessary.	
Place of Service (Patient Location) Use patient location code "00" (Not Specified), "01" (Home), "04" (Long Term/Extended Care), "07" (Skilled Care Facility), or "10" (Outpatient).	
Date of Service The date of service may be up to 31 days in the future, or up to four days in the past.	
Days' Supply Requested*	

**STAT-PA QUESTIONS**

1. Is this recipient currently stabilized on the requested brand name selective serotonin reuptake inhibitor (SSRI)? If yes, press "1." If no, press "2."
  - a. If yes, the PA request may be approved for up to 365 days.
  - b. If no, the provider will be asked:
2. Has the recipient tried and failed citalopram, fluoxetine, or paroxetine therapy? If yes, press "1." If no, press "2."
  - a. If yes, the PA request may be approved for up to 365 days.
  - b. If no, the provider will be asked:
3. Is there documentation of a clinical contraindication to using citalopram, fluoxetine or paroxetine to treat this recipient? If yes, press "1."  
If no, press "2."
  - a. If yes, the PA request may be approved for up to 365 days.
  - b. If no, the provider will receive the following message: "Your PA request requires additional information. Please submit your request on paper with complete clinical documentation."

**STAT-PA RESPONSE**

Assigned PA Number	
First Date of Service	
Expiration Date	
Number of Days Approved	

**ADDITIONAL INFORMATION**

Prior Authorization is required for the following SSRI drugs: Lexapro<sup>®</sup>, Paxil CR<sup>®</sup>, Pexeva<sup>®</sup>, Prozac Weekly<sup>®</sup>, and Zoloft<sup>®</sup>.

Prior authorization is **not** required for generic citalopram, fluoxetine, and paroxetine .

\*Days' supply requested equals the total days requested for the PA. For example, for a one-year PA, providers should enter "365."

(Continued)

**Wisconsin Medicaid "Prescriber/Pharmacy"**  
**CLINICAL DOCUMENTATION FOR SSRI PRIOR AUTHORIZATION**

This is an *optional* form that recipients, pharmacists, and physicians may use to obtain or maintain clinical documentation supporting medical necessity of SSRI drugs requiring PA. Providers are encouraged to use this form to facilitate the PA process. Providers are required to maintain all documentation, such as optional worksheets, that supports medical necessity and claim information in the recipient's records for a period of not less than five years and this information must be readily retrievable and available if requested. Wisconsin Medicaid recommends providers maintain the related STAT-PA worksheet in their files.

Name — Prescriber	Telephone Number — Prescriber
	Fax Number — Prescriber
Name — Pharmacy	Telephone Number — Pharmacy
	Fax Number — Pharmacy
Name — Recipient	Date of Birth
Recipient Identification Number	ICD-9-CM

Diagnosis \_\_\_\_\_

Drug Prescribed      ☐ Lexapro                      ☐ Paxil CR                      ☐ Pexeva  
                                 ☐ Prozac Weekly              ☐ Zoloft                      OTHER \_\_\_\_\_

**CLINICAL INFORMATION — PHARMACY TO MAINTAIN THIS INFORMATION**

Indicate clinical reason(s) an SSRI other than citalopram, fluoxetine, or paroxetine is required for this recipient. Check all that apply.

- ☐ Recipient currently stabilized on requested SSRI drug.
- ☐ This recipient previously tried and failed on citalopram, fluoxetine, or paroxetine therapy. Indicate reason for failure.
- ☐ Fluoxetine Not Effective.              ☐ Citalopram Not Effective    ☐ Paroxetine Not Effective    ☐ Side Effects.
- ☐ Adverse Event(s).
- ☐ Other \_\_\_\_\_

☐ Citalopram, fluoxetine, or paroxetine is medically contraindicated for this recipient due to one or more of the following reasons:

☐ Citalopram, fluoxetine, or paroxetine is not a medically accepted therapy for the stated diagnosis.

☐ Drug-Drug Interaction(s).  
List \_\_\_\_\_

☐ Fluoxetine adverse effect(s).  
List \_\_\_\_\_

☐ Other specific medical contraindication(s) not listed above. (Describe specific medical contraindications to using citalopram, fluoxetine, or paroxetine for this patient.)

**Prescriber Information —** Indicate supporting reference for medical contraindication.

- ☐ Package Insert (PDR).                      ☐ MicroMedex.                      ☐ AHFS.
- ☐ USP-DI.    ☐ Facts and Comparisons.              ☐ AMA Drug Information.
- ☐ Medical Literature (Identify) \_\_\_\_\_ ☐ Other \_\_\_\_\_

<b>SIGNATURE —</b> Prescribing Provider	Date Signed
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**Pharmacy Information —** Indicate how supporting reference information was obtained.

- ☐ Information obtained by telephone or from prescription order.
- ☐ Information obtained from recipient.
- ☐ Information obtained elsewhere.